

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nina W Eisner

Mailing Address 3050 Rio Dosa Drive

City
Lexington

State
KY

Zip Code
40509-9990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ridge Behavioral Health System

Occupation

Chief Executive Officer and Managing D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 21028909

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth G. Cobb

Mailing Address P.O. Box 436629

City
Louisville

State
KY

Zip Code
40205-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Director of Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 21028910

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Ms. Kim J. Dees

Mailing Address 2501 Nelson Miller Parkway
Post Office Box 436629

City
Louisville

State
KY

Zip Code
40223-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Executive Dir, Center for Health Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 21028911

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00